

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

David C. Steere et al.

Docket:

50037.187US01

Title:

METHOD AND APPARATUS FOR LATE-BINDING/DYNAMIC PATHNAME

RESOLUTION

CERTIFICATE UNDER 37 CFR 1.10

'Express Mail' mailing label number: EU 949686535 US

Date of Deposit: July 29, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents,

P.O. Box 1450, Alexandria, VA 22313-1450.

By: Name: Timothy P. Sulliv

Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.

☐ Utility Patent Application: Spec. 9 pgs; 17 claims; Abstract 1 pgs.

The fee has been calculated as shown below in the 'Claims as Filed' table.

✓ 4 sheets of drawings

A signed Combined Declaration and Power of Attorney

Assignment of the invention to Microsoft Corporation, Recordation Form Cover Sheet

A check in the amount of \$834.00 to cover the Filing Fee

A check for \$40.00 to cover the Assignment Recording Fee.

Application Data Sheet, 4 pages.

Return postcard

## **CLAIMS AS FILED**

| Number of Claims Filed       |        | In Excess of: |   | Number<br>Extra |   | Rate  |   | Fee      |
|------------------------------|--------|---------------|---|-----------------|---|-------|---|----------|
| Basic Filing Fee             | TT     | -             |   |                 |   |       |   | \$750.00 |
| Total Claims                 | $\top$ |               | T |                 | T |       |   |          |
| 17                           | -      | 20            | = | 0               | x | 18.00 | = | \$0.00   |
| Independent Claims           |        | ·             | I |                 |   |       |   |          |
| 4                            | T-T    | 3             | = | 1               | х | 84.00 | = | \$84.00  |
| MULTIPLE DEPENDENT CLAIM FEE |        |               |   |                 |   |       |   | \$0.00   |
| TOTAL FILING FEE             |        |               |   |                 |   |       |   | \$834.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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